

Pennsylvania Public Utility Commission
PO Box 3265
Harrisburg, PA 17105-3265
(717) 787-1227

Application for Motor Common Carrier of Property

Please complete all parts of the following application. For questions, please call the Commission at (717) 787-3834.

1. **Legal Name of Applicant** (Individual, Partnership, LP, LLP, Corporation, or LLC)

Philip G. Gavern

2. **Trade Name** (if using a fictitious trade name, it must be registered with the Dept. of State)

United Freight Organization

Fictitious name and Registration number (if applicable)

3. **Physical Address** (do not use PO Box)

812 Edella Rd

Street Address

Clarks Summit Pa 19411

City, State and Zip Code

570-344-4643

Telephone Number

County

4. **Mailing Address** (if different from Physical Address)

Street Address

City, State and Zip Code

5. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address

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SECRETARY'S BUREAU

6. Does applicant currently hold or has ever held PA PUC authority?
Yes No (circle one)

If yes, PUC NO. A- _____

7. What type of commodity do you intend to transport?

General Commodity

8. Are you one of the following? If yes, check below.

Individual

Partnership

9. Are you a business entity registered with the PA Department of State?

If YES, please check below the type of business that applies to this Application and provide the Entity ID Number given to you by the PA Department of State:

Limited Partnership _____
Corporation Bureau Entity ID Number

Limited Liability Partnership _____
Corporation Bureau Entity ID Number

Limited Liability Company _____
Corporation Bureau Entity ID Number

Corporation – For Profit _____
Corporation Bureau Entity ID Number

Corporation – Nonprofit _____
Corporation Bureau Entity ID Number

Fictitious Name (if applicable) _____

If NO, contact the PA Department of State and apply according to how you will do business in PA:

PA Corporations (Profit or Non-Profit) - File for Articles of Incorporation

Foreign Corporations - File for a Certificate of Authority

- PA Limited Partnerships, Limited Liability Partnerships, Limited Liability Companies - File for an Application of Registration
- Fictitious Name Registration - File **only if** Trade Name will be different than the business name you register with the Department of State

10. Attachment Checklist

- Individual: Certified Check, money order, or check from attorney
 Copy of Current Safety Rating (if available)
- Partnership: Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Partnership: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Partners
 Copy of Current Safety Rating (if available)
- Limited Liability Company: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of names and addresses of ALL Members and Title of each Member (even if only one member)
 Copy of Current Safety Rating (if available)
- Corporation – For Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles, name of each Shareholder and distribution of shares
 Copy of Current Safety Rating (if available)
- Corporation – Non-Profit: Corporation Bureau Entity Number as entered above in #9
 Certified Check, money order, or check from attorney
 List of ALL Corporate Officers and Titles and those serving on Board of Directors
 Copy of Current Safety Rating (if available)

11. Certification

Applicant certifies that it is not now engaged in intrastate transportation of property for compensation between points in Pennsylvania without Pennsylvania Public Utility Commission authorization and will not engage in any transportation not previously authorized by the Pennsylvania Public Utility Commission unless and until such authorization is obtained.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Property; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the Certificate.

You must sign the following Verification of Application.

Verification of Application

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners (if a partnership, LP, or LLP), a member (if LLC), or by any officer (if a corporation).

I/we hereby state that the statements made in this application are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 Relating to Unsworn Falsification to Authorities.

Philip G. Gavern
(Print Name)
Philip Gavern
(Signature) 10-12-3
(Date)

Entity #: 4131621
Date Filed: 08/31/2012
Carol Alchela
Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

**Application for Registration of Fictitious Name
54 Pa.C.S. § 311**

Name Eileen Gallo, Legazzoom.com, Inc.		
Address 100 W. Broadway, Suite 100		
City Glendale, CA 91210	State	Zip Code

Document will be returned to the
name and address you enter to
the left.



Commonwealth of Pennsylvania
FICTITIOUS NAME 2 Page(s)



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In compliance with the requirements of 54 Pa.C.S. § 311 (relating to registration), the undersigned entity(ies) desiring to register a fictitious name under 54 Pa.C.S. Ch. 3 (relating to fictitious names), hereby state(s) that:

1. The fictitious name is: United Freight Organization

2. A brief statement of the character or nature of the business or other activity to be carried on under or through the fictitious name is: Transportation Services
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3. The address, including number and street, if any, of the principal place of business (P.O. Box alone is not acceptable): 812 Edella Rd., Clarks Summit, PA 18411				
Number and street	City	State	Zip	County
				Lockport

4. The name and address, including number and street, if any, of each individual interested in the business is:			
Name	Number and Street	City	State
Philip Gavern	812 Edella Rd., Clarks Summit, PA 18411		

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DSCB:54-311-2

5. Each entity, other than an individual, interested in such business is (are):


Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		
Name	Form of Organization	Organizing Jurisdiction
Principal Office Address		
PA Registered Office, if any		

6. The applicant is familiar with the provisions of 54 Pa.C.S. § 332 (relating to effect of registration) and understands that filing under the Fictitious Names Act does not create any exclusive or other right in the fictitious name.

7. Optional: The name(s) of the agent(s), if any, any one of whom is authorized to execute amendments to, withdrawals from or cancellation of this registration in behalf of all then existing parties to the registration, is (are):

IN TESTIMONY WHEREOF, the undersigned have caused this Application for Registration of Fictitious Name to be executed this

23 day of August, 2012

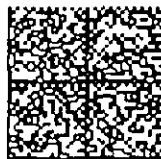
 Individual Signature of the person	_____ Individual Signature
_____ Individual Signature	_____ Individual Signature
_____ Entity Name	_____ Entity Name
_____ Signature	_____ Signature
_____ Title	_____ Title



**Owner-Operator
Independent Drivers Association**

1 NW OOIDA Drive
Post Office Box 1000
Grain Valley, Missouri 64029

PRESORTED
FIRST CLASS



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